

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Managed Care Plans

Memorandum No: 04-97 MAA
Issued: December 30, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For Information, Contact
Toll Free: 1-800-562-6188

**Subject: Wheelchairs, Durable Medical Equipment (DME), and Supplies: Fee
Schedule Changes**

Effective for dates of service on and after January 1, 2005, the Medical Assistance Administration (MAA) will:

- Begin using 2005 Healthcare Common Procedure Coding System (HCPCS) Level II code additions as discussed in this memorandum;
- Add updates to maximum allowable fees for the year 2005; and
- Update policy related to wheelchairs and durable medical equipment.

Miscellaneous Correction

Retroactive to dates of service on and after October 1, 2004, MAA has removed the sentence: “Included in the nursing facility daily rate” from the description of procedure code E0277 on page J.3 of the “Other DME” fee schedule.

Prior Authorization

To simplify the process and avoid work duplication, MAA will allow payment for the following codes until March 1, 2005, if prior authorization has been received before January 1, 2005:

E0176	E0178	E0179	E0192	E0962	E0963	E0964	E0965
E1012	E1013	K0023	K0024	K0114	K0115	K0116	K0081

All requests for prior authorization received January 1, 2005, or after will require updated coding.

Billing Instructions Replacement Pages

Attached are replacement pages **I.1-I.28, J.3-28** for MAA's current *Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions*, reflecting the changes made to the Wheelchair and "Other DME" fee schedules.

Bill MAA your usual and customary charges.

Contact Information

Send rate setting issues, questions, or comments to:

DME Rates Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
(360) 725-1845
Fax # (360) 753-9152
<http://maa.dshs.wa.gov/prorates/index.html>

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free paper copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily)
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/
telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)




(Corrected on-line with IC-2005-1)

Wheelchair Fee Schedule

All wheelchairs and wheelchair rentals require prior authorization.

Rental rates are monthly unless otherwise indicated.

Manual Wheelchairs (Covered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1031	NU	\$1,496.80	Rollabout chair, any and all types with casters five inches or greater.
 E1039		#	Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater. <i>Effective for dates of service on and after January 1, 2005.</i>
E1060	RR	\$124.22	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. See Expedited Prior Authorization (EPA), Section G.
E1161	NU	\$2,366.09	Manual adult size wheelchair, includes tilt in space.
 E1229	NU	BR	Wheelchair, pediatric size, not otherwise specified. <i>Effective for dates of service on and after January 1, 2005.</i>
 E1239	NU	BR	Power wheelchair, pediatric size, not otherwise specified. <i>Effective for dates of service on and after January 1, 2005.</i>
E1231	NU	80%	Wheelchair, pediatric size, tilt- in- space, rigid, adjustable, with seating system.
E1232	NU	80%	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.
E1233	NU	80%	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1234	NU	\$1,928.95	Wheelchair, pediatric size, tilt in space, folding, adjustable, without seating system.
E1235	NU	\$1,857.43	Wheelchair, pediatric size, rigid, adjustable, with seating system.
E1236	NU	\$1,638.73	Wheelchair, pediatric size, folding, adjustable, with seating system.
E1237	NU RR	\$1,653.05 \$165.30	Wheelchair, pediatric size, rigid, adjustable, without seating system.
E1238	NU	\$1,723.55	Wheelchair, pediatric size, folding, adjustable, without seating system.
K0001	NU RR	\$546.20 \$54.62	Standard wheelchair (all styles of arms, foot rests, and/or leg rests). See Expedited Prior Authorization (EPA), Section G (for rental only).
K0002	NU RR	\$695.60 \$69.56	Standard hemi(low seat) for wheelchair
K0003	NU RR	\$895.80 \$89.59	Lightweight wheelchair (all styles of arms, foot rests, and/or leg rests). See Expedited Prior Authorization (EPA), Section G (for rental only).
K0004	NU	\$1,336.40	High strength, lightweight wheelchair.
K0005	NU	\$1,848.76	Ultralightweight wheelchair.
K0006	NU RR	\$1254.10 \$125.41	Heavy-duty wheelchair (all styles of arms, foot rests, and/or leg rests). See Expedited Prior Authorization (EPA), Section G.
K0007	NU	\$1,785.00	Extra heavy-duty wheelchair.
K0009	NU	80%	Other manual wheelchair/base.

Manual Wheelchairs (Noncovered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1037		#	Transport chair, pediatric size
E1038		#	Transport chair, adult size
E1050		#	Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see codes K0003 & E1226)
E1070		#	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see codes K0003 & E1226)
E1083		#	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see code K0002 or K0003)
E1084		#	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see code K0002 or K0003)
E1085		#	Hemi-wheelchair; fixed full-length arms, swing-away, detachable footrests (see code K0002 or K0003)
E1086		#	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see code K0002 or K0003)
E1087		#	High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see K0004)
E1088		#	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see K0004)
E1089		#	High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests (see K0004)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1090		#	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see K0004)
E1092		#	Wide, heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see K0007)
E1093		#	Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests (see K0007)
E1100		#	Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see K0003 & E1226)
E1110		#	Semi-reclining wheelchair; detachable arms, desk or full-length, elevating legrests (see K0003 & E1226)
E1130		#	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests (see K0001)
E1140		#	Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see K0001)
E1150		#	Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see K0001)
E1160		#	Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1170		#	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests. (see K0001 - K0005)
E1171		#	Amputee wheelchair; fixed full-length arms, without footrests or legrests. (see K0001 - K0005)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1172		#	Amputee wheelchair; detachable arms, desk or full-length, without footrests or legrests. (see K0001 - K0005)
E1180		#	Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (see K0001 - K0005)
E1190		#	Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. (See K0001 - K0005)
E1195		#	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests. (See K0007)
E1200		#	Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0001 - K0005)
E1240		#	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. (See K0003 or K0004)
E1250		#	Lightweight wheelchair; fixed full-length arms, swing-away, detachable, footrests. (See K0003 or K0004)
E1260		#	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0003 or K0004)
E1270		#	Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating legrests. (See K0003 or K0004)
E1280		#	Heavy-duty wheelchair; detachable arms, desk or full-length, elevating legrests. (See K0007)
E1285		#	Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0007)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1290		#	Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0007)
E1295		#	Heavy-duty wheelchair; fixed full-length arms, elevating legrests. (See K0007)

Power Wheelchairs (Covered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1230	NU	\$2,261.79	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number.
K0010	NU RR	\$4,259.90 \$425.99	Standard-weight frame motorized/power wheelchair
K0011	NU RR	\$5,296.50 \$529.65	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking.
K0012	NU RR	\$3,249.20 \$324.92	Lightweight portable motorized/power wheelchair.
K0014	NU	85%	Other motorized/power wheelchair base.

Power Wheelchairs (Noncovered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1210		#	Motorized wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests. (See K0010 - K0014)
E1211		#	Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. (See K0010 - K0014)
E1212		#	Motorized wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0010 - K0014)
E1213		#	Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0010 - K0014)

Special Size Wheelchairs - Power or Manual (Noncovered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1220		#	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification). (See K0009 or K0014)
E1221		#	Wheelchair with fixed arm, footrests. (See K0001 - K0014)
E1222		#	Wheelchair with fixed arm, elevating legrests. (See K0001 - K0014)
E1223		#	Wheelchair with detachable arms, footrests. (See K0001 - K0014)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1224		#	Wheelchair with detachable arms, elevating legrests. (See K0001 - K0014)

Wheelchair Modifications, Accessories, and Repairs

All modifications, accessories, and repairs require prior authorization.

Cushions

HCP Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0176		\$91.04	Air pressure pad or cushion, nonpositioning. Discontinued for dates of service on and after January 1, 2005.
E0178		\$121.34	Gel or gel-like pressure pad or cushion, nonpositioning. Discontinued for dates of service on and after January 1, 2005.
E0179		\$11.96	Dry pressure pad or cushion, nonpositioning. Discontinued for dates of service on and after January 1, 2005.
E0192		\$387.01	Low pressure and positioning equalization pad, for wheelchair. Discontinued for dates of service on and after January 1, 2005.
E0962		\$59.49	One-inch cushion, for wheelchair (without cover, each). Discontinued for dates of service on and after January 1, 2005.
E0963		\$71.06	Two-inch cushion, for wheelchair (without cover, each). Discontinued for dates of service on and after January 1, 2005.
E0964		\$67.39	Three-inch cushion, for wheelchair (without cover, each). Discontinued for dates of service on and after January 1, 2005.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0965		\$72.04	Four inch cushion, for wheelchair (without cover, each). <i>Discontinued for dates of service on and after January 1, 2005.</i>
E0977		\$65.41	Wedge cushion, wheelchair.
 E2601		\$88.65	General use wheelchair seat cushion, width less than 22 inches, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2602		\$161.88	General use wheelchair seat cushion, width 22 inches or greater, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2603		\$223.04	Skin protection wheelchair seat cushion, width less than 22 inches, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2604		\$315.76	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2605		\$321.69	Positioning wheelchair seat cushion, width less than 22 inches, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2606		\$436.07	Positioning wheelchair seat cushion, width 22 inches or greater, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2607		\$295.60	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2608		\$354.00	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth. <i>Effective for dates of service on and after January 1, 2005.</i>

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E2609

BR

Custom fabricated wheelchair seat cushion, any size.
Effective for dates of service on and after January 1, 2005.



E2610

BR

Wheelchair seat cushion, powered. *Effective for dates of service on and after January 1, 2005.*

Custom Frame Up-Charges

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E1014

80%

Reclining back, addition to pediatric wheelchair

E1225

80%

Manual wheelchair accessory, semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each.

E1226

80%

Manual wheelchair accessory, fully reclining back, each.

E1227

80%

Special height arms for wheelchair (Up-charge by construction)

E1228

80%

Special back height for wheelchair.

E1296

#

Special wheelchair seat height from floor (See K0056)

E1297

80%

Special wheelchair seat depth, by upholstery

E1298

80%

Special wheelchair seat depth and/or width, by construction

E2201

80%

Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E2202		80%	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203		80%	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204		80%	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
E2340		80%	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
E2341		80%	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342		80%	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343		80%	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
K0056		80%	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.

Armrests and Parts

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0973		84%	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.
E0994		84%	Armrest, each (replacement only)
K0015		84%	Detachable, nonadjustable height armrest, each.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0017		84%	Detachable, adjustable height armrest, base, each (replacement only)
K0018		84%	Detachable, adjustable height armrest, upper portion, each (replacement only)
K0019		84%	Arm pad, each (replacement only)
K0020		84%	Fixed, adjustable height armrest, pair.
K0106		\$107.16	Arm trough, each (includes attaching hardware).

Lower Extremity Positioning (legrests, etc.)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0951		\$18.98	Heel loop/holder, with or without ankle strap, each.
E0952		\$18.83	Toe loop/holder each.
E0990		84%	Wheelchair accessory, elevating leg rest, complete assembly, each.
E0995		84%	Wheelchair accessory, calf rest/pad, each.
K0037		\$48.16	High mount flip-up footrest, each.
K0038		84%	Leg strap, each
K0039		84%	Leg strap, H style, each
K0040		\$74.67	Adjustable angle footplate, each.
K0041		\$52.92	Large size footplate, each.
K0042		84%	Standard size footplate, each



Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0043		84%	Footrest, lower extension tube, each
K0044		84%	Footrest, upper hanger bracket, each (replacement)
K0045		84%	Footrest, complete assembly.
K0046		84%	Elevating legrest, lower extension tube, each
K0047		84%	Elevating legrest, upper hanger bracket, each (replacement)
K0050		84%	Ratchet assembly (replacment)
K0051		84%	Cam release assembly, footrest or legrest, each (replacement)
K0052		84%	Swingaway, detachable footrests, each.
K0053		84%	Elevating footrests, articulating (telescoping), each










Seating and Positioning

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0950		\$103.95	Wheelchair accessory, tray, each (includes attaching hardware)
E0955		\$202.18	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
E0956		\$98.58	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each






Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0957		\$137.93	Wheelchair accessory, medial-thigh support, prefabricated, including fixed mounting hardware, each
E0960		\$90.98	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
E0978		\$42.70	Wheelchair accessory, safety belt/pelvic strap, each.
E0980		\$33.06	Safety vest, wheelchair
E0981		84%	Wheelchair accessory, seat upholstery, replacement only, each.
E0982		84%	Wheelchair accessory, back upholstery, replacement only, each.
E0992		\$95.15	Manual wheelchair accessory, solid seat insert.
E1012		84%	Integrated seating system, planar, for pediatric wheelchair <i>Discontinued for dates of service on and after January 1, 2005. See code E2292.</i>
E1013		84%	Integrated seating system, contoured, for pediatric wheelchair <i>Discontinued for dates of service on and after January 1, 2005. See code E2294.</i>
 E1025		BR	Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware). <i>Effective for dates of service on and after January 1, 2005.</i>
E1026		\$192.90	Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)
E1027		\$275.06	Lateral/anterior support, for pediatric wheelchair, each (includes hardware)
 E2205		BR	Manual wheelchair accessory, handrim without projections, any type, replacement only, each. <i>Effective for dates of service on and after January 1, 2005.</i>


Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E2291		BR	Back, planar, for pediatric size wheelchair including fixed attaching hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2292		BR	Seat, planar, for pediatric size wheelchair including fixed attaching hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2293		BR	Back, contoured, for pediatric size wheelchair including fixed attaching hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2294		BR	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2611		\$312.35	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2612		\$422.54	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2613		\$393.04	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2614		\$543.93	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2615		\$452.32	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E2616		\$608.58	Positioning wheelchair back, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2617		BR	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2618		BR	Wheelchair accessory, solid seat support base (replaces sling seat), for use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2620		\$574.76	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2621		\$547.70	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware. <i>Effective for dates of service on and after January 1, 2005.</i>
K0023		\$94.09	Solid back insert, planar back, single density foam, attached with straps <i>Discontinued for dates of service on and after January 1, 2005.</i>
K0024		\$309.35	Solid back insert, planar back, single density foam, with adjustable hook on hardware <i>Discontinued for dates of service on and after January 1, 2005.</i>
K0114		84%	Back support system for use with a wheelchair, with inner frame, prefabricated <i>Discontinued for dates of service on and after January 1, 2005.</i>

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0115		84%	Seating system, back module, posterior lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base. <i>Discontinued for dates of service on and after January 1, 2005. See code E2617.</i>
K0116		84%	Seating system, combined back & seat module, custom fabricated for attachment to wheelchair base <i>Discontinued for dates of service on and after January 1, 2005.</i>
 K0669		#	Wheelchair accessory, seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC. Effective for dates of service on and after January 1, 2005.

Handrims, Wheels, and Tires (includes parts)

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0967		84%	Manual wheelchair accessory, hand rim with projections, each.
E0997		84%	Caster with fork
E0998		84%	Caster without fork
E0999		84%	Pneumatic tire with wheel
E1001		84%	Wheel, single
K0059		\$31.72	Plastic coated handrim, each.
K0060		84%	Steel handrim, each
K0061		84%	Aluminum handrim, each

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0064		84%	Zero pressure tube (flat free insert), any size, each.
K0065		\$44.46	Spoke protectors, each.
K0066		84%	Solid tire, any size, each.
K0067		84%	Pneumatic tire, any size, each.
K0068		84%	Pneumatic tire tube, each (any size).
K0069		84%	Rear wheel assembly, complete, with solid tire, spokes or molded, each.
K0070		84%	Rear wheel assembly, complete with pneumatic tire, spokes or molded, each.
K0071		84%	Front caster assembly, complete, with pneumatic tire, each.
K0072		84%	Front caster assembly, complete, with semipneumatic tire, each.
K0073		84%	Caster pin lock, each.
K0074		84%	Pneumatic caster tire, any size, each.
K0075		84%	Semipneumatic caster tire, any size, each.
K0076		84%	Solid caster tire, any size, each.
K0077		84%	Front caster assembly, complete, with solid tire, each.
K0078		84%	Pneumatic caster tire tube, each.
K0090		84%	Rear wheel tire for power wheelchair, any size, each
K0091		84%	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each


Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0092		84%	Rear wheel assembly for power wheelchair, complete, each
K0093		84%	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each
K0094		84%	Wheel tire for power base, any size, each
K0095		84%	Wheel tire tube other than zero pressure for each base, any size, each
K0096		84%	Wheel assembly for power base, complete, each
K0097		84%	Wheel zero pressure tire tube (flat free insert) for power base, any size, each
K0099		84%	Front caster for power wheelchair

Other Accessories (manual and power)

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0958		84%	Manual wheelchair accessory, one-arm drive attachment, each.
E0959		\$44.21	Manual wheelchair accessory, adapter for amputee, each.
E0961		\$12.28	Manual wheelchair accessory, wheel lock brake extension (handle), each. Changed from pair to each with new description.
E0971		\$55.89	Anti-tipping device, wheelchair (pair).

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0974		\$38.36	Manual wheelchair accessory, anti-rollback device, each. Changed from pair to each with new description.
E1015		84%	Shock absorber for manual wheelchair, each
E1017		84%	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1020		84%	Residual limb support system for wheelchair
E1029		84%	Wheelchair accessory, ventilator tray, fixed
E1030		84%	Wheelchair accessory, ventilator tray, gimbaled
 E2206		84%	Manual wheelchair accessory, wheel lock assembly, complete, each. Effective for dates of service on and after January 1, 2005.
K0081		84%	Wheel lock assembly, complete, each Discontinued for dates of service on and after January 1, 2005. See code E2206.
K0102		84%	Crutch and cane holder, each
K0104		\$118.78	Cylinder tank carrier, each.
K0105		84%	IV hanger, each
K0108		84%	Other accessories.

Manual Wheelchair Conversions

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0983		84%	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984		84%	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0985		84%	Wheelchair accessory, seat lift mechanism
E0986		84%	Manual wheelchair accessory, push-rim activated power assist, each
E1065		84%	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo)

Power Wheelchair Add-on Functions and Controls

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1002		84%	Wheelchair accessory, power seating system, tilt only
E1003		84%	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004		84%	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005		84%	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006		84%	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1007		84%	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008		84%	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009		84%	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
E1010		84%	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each
E1016		84%	Shock absorber for power wheelchair, each
E1018		84%	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E1019		84%	Wheelchair accessory, power seating system, heavy duty feature, patient weight capacity greater than 250 pounds and less than or equal to 400 pounds.
E1021		84%	Wheelchair accessory, power seating system, extra heavy duty feature, weight capacity greater than 400 pounds.
E1028		84%	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E2300		84%	Power wheelchair accessory, power seat elevation system
E2301		84%	Power wheelchair accessory, power standing system

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E2310		84%	Power wheelchair accessory, electronic connection between wheelchair controller & one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311		84%	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2320		84%	Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware
E2321		84%	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322		84%	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323		84%	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324		84%	Power wheelchair accessory, chin cup for chin control interface
E2325		84%	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326		84%	Power wheelchair accessory, breath tube kit for sip and puff interface

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E2327		84%	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328		84%	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329		84%	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330		84%	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331		84%	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2351		84%	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2399		84%	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware






Batteries and Chargers

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E2360		\$104.43	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.
E2361		\$139.47	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).
E2363		\$186.00	Power wheelchair accessory, group 24 sealed lead acid battery, each(e.g. gel cell, absorbed glassmat)
E2365		\$112.17	Power wheelchair accessory, U-1sealed lead acid battery, each (e.g. gell cell, absorbed glassmat)
E2366		84%	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.
E2367		84%	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each

Miscellaneous Repair Only

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1011		84%	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)
E1340		\$17.43	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. (Troubleshooting, delivery, evaluations, travel time, etc. are included in the reimbursement for the parts and accessories.)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E2205		BR	Manual wheelchair accessory, handrim without projections, any type, replacement only, each. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2368		BR	Power wheelchair component, motor, replacement only. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2369		BR	Power wheelchair component, gear box, replacement only. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2370		BR	Power wheelchair component, motor and gear box combination, replacement only. <i>Effective for dates of service on and after January 1, 2005.</i>
 E2619		80%	Replacement cover for wheelchair seat cushion or back cushion, each. <i>Effective for dates of service on and after January 1, 2005.</i>
K0098		84%	Drive belt for power wheelchair
K0452		84%	Wheelchair bearings, any type

Accessories (Noncovered HCPCS Codes)

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0177		#	Water pressure pad or cushion, nonpositioning.
E0953		#	Pneumatic tire, each (see code K0067)
E0954		#	Semi-pneumatic caster, each (see code K0075)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0966		#	Manual wheelchair accessory, headrest extension, each
E0968		#	Commode seat, wheelchair
E0969		#	Narrowing device, wheelchair
E0970		#	No. 2 footplates, except for elevating legrest (see K0037 & K0042)
E0996		#	Tire, solid, each (see K0066)
E1000		#	Tire, pneumatic caster (see K0074)
E2362		#	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2364		#	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
K0195		#	Elevating leg rest, pair (for use with capped rental wheelchair base)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0255		#	Hospital bed, variable height, hi-lo, with any type side rails, with mattress. (see E0292 and E0305 or E0310)
E0256		#	Hospital bed, variable height, hi-lo, with any type side rails, without mattress. (see E0293 and E0305 or E0310)
E0260		#	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress. (see E0294 and E0305 or E0310)
E0261		#	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress. (see E0295 and E0305 or E0310)
E0265		#	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress. (see E0296 and E0305 or E0310)
E0266		#	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress. (see E0297 and E0305 or E0310)
E0270		#	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress.
E0271	NU	\$222.04	Mattress, inner spring. Included in nursing facility daily rate. Replacement only.
E0272		\$191.78	Mattress, foam rubber (replacement only). Included in nursing facility daily rate. Purchase only.
E0273		#	Bed board
E0274		#	Over-bed table
E0277	NU RR	\$7,552.50 \$25.18/day	Powered pressure-reducing air mattress. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G. Deemed purchased after 1 year's rental.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0280		#	Bed cradle, any type.
E0290		#	Hospital bed, fixed height, without side rails, with mattress.
E0291		#	Hospital bed, fixed height, without side rails, with mattress.
E0292	NU RR	\$840.40 \$84.04	Hospital bed, variable height, hi-lo, without side rails, with mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. Included in the nursing facility daily rate. See Expedited Prior Authorization (EPA), Section G.
E0293	NU RR	\$704.60 \$70.46	Hospital bed, variable height, hi-lo, without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0294	NU RR	\$1,306.50 \$130.65	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. See Expedited Prior Authorization (EPA), Section G.
E0295	NU RR	\$1,215.70 \$121.57	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0296	NU RR	\$1,642.00 \$164.20	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.




Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0297	NU RR	\$1,406.70 \$140.67	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0300	NU RR	\$2,838.62 \$283.86	Pediatric crib, hospital grade, fully enclosed. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0301		#	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress.
E0302		#	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.
E0303	NU RR	\$3,039.80 \$10.13/day	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental.
E0304	NU RR	\$7,706.70 \$25.60/day	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental.
E0305	NU RR	\$177.90 \$17.79	Bedside rails, half length, pair. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0310	NU RR	\$194.14 \$19.41	Bedside rails, full length, pair. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.



Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0315		#	Bed accessory: board, table, or support device, any type.
E0316		\$2,030.70	Safety enclosure frame/canopy for use with hospital bed, any type. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0370		#	Air pressure elevator for heel.
E0371	NU RR	\$4,447.80 \$14.83/day	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E0372	NU RR	\$5,393.40 \$17.98/day	Powered air overlay for mattress, standard mattress length and width. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E0373	NU RR	\$6,144.70 \$20.48/day	Nonpowered advanced pressure reducing mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E2402	RR	\$57.21/day	Negative pressure wound therapy electrical pump, stationary or portable. Rental only. Requires prior authorization.

Other Patient Room Equipment

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0621		\$95.99	Sling or seat, patient lift, canvas or nylon. Purchase only. Included in nursing facility daily rate.
E0625		#	Patient lift, Kartop, bathroom or toilet.
E0627		#	Seat lift mechanism incorporated into a combination lift-chair mechanism.
E0628		#	Separate seat lift mechanism for use with patient owned furniture - electric.
E0629		#	Separate seat lift mechanism for use with patient owned furniture - nonelectric.
E0630	NU RR	\$1,013.80 \$101.38	Patient lift, hydraulic, with seat or sling. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization. (Includes bath.)
E0635	NU RR	BR BR	Patient lift, electric, with seat or sling. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Requires prior authorization.
E0636		#	Multipositional patient support system, with integrated lift, patient accessible controls.
 E0639		#	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories. Effective for dates of service on and after January 1, 2005.
 E0640		#	Patient lift, fixed system, includes all components/accessories. Effective for dates of service on and after January 1, 2005.
 E0769		#	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified. Effective for dates of service on and after January 1, 2005.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPs Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0830		#	Ambulatory traction device, all types, each.
E0840		\$73.28	Traction frame, attached to headboard, cervical traction. Purchase only. Included in nursing facility daily rate.
 E0841		#	Multi-directional static progressive stretch shoulder device, with range of motion adjustability, includes cuffs. Effective for dates of service on and after January 1, 2005.
 E0849		#	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible. Effective for dates of service on and after January 1, 2005.
E0850		\$105.06	Traction stand, freestanding, cervical traction. Purchase only. Included in nursing facility daily rate.
E0855		#	Cervical traction equipment not requiring additional stand or frame.
E0860		\$38.21	Traction equipment, overdoor, cervical. Purchase only. Included in nursing facility daily rate.
E0870		\$116.31	Traction frame, attached to footboard, simple extremity traction (e.g. Buck's). Purchase only. Included in nursing facility daily rate.
E0880		\$125.54	Traction stand, freestanding, extremity traction (e.g., Buck's). Purchase only. Included in nursing facility daily rate.
E0890		\$120.41	Traction frame, attached to footboard, pelvic traction. Purchase only. Included in nursing facility daily rate.
E0900		\$128.12	Traction stand, freestanding, pelvic traction (e.g., Buck's). Purchase only. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0910	NU RR	\$186.80 \$18.68	Trapeze bar, also known as patient helper, attached to bed with grab bar. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0920	NU RR	\$426.70 \$42.67	Fracture frame, attached to bed. Includes weights. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0930	NU RR	\$456.90 \$45.69	Fracture frame, freestanding, includes weights. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0940	NU RR	\$347.70 \$34.77	Trapeze bar, freestanding, complete with grab bar. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0941	NU RR	\$369.00 \$36.90	Gravity assisted traction device, any type. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0946	NU RR	\$591.60 \$59.16	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, 4-poster). Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0947		\$515.49	Fracture frame, attachments for complex pelvic traction. Purchase only. Included in nursing facility daily rate.
E0948		\$586.59	Fracture frame, attachments for complex cervical traction. Purchase only. Included in nursing facility daily rate.
E0972		\$46.85	Wheelchair accessory, transfer board or device, each. Purchase only. Included in nursing facility daily rate.

Positioning Devices

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0637	NU RR	\$2,104.97 \$210.49	Combination sit to stand system, any size, with seat lift feature, with or without wheels. (includes padded seat, knee support, foot plates, foot straps, formed table and cup holder and hydraulic actuator) Requires prior authorization. Deemed purchased after one year's rental. Included in nursing facility daily rate.
E0638		\$853.57	Standing frame system, any size, with or without wheels. (includes padding, straps, adjustable armrests, footboard and support blocks.) Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only.
E1399	NU	\$1,808.00	Durable medical equipment, miscellaneous. (Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000755 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$2,156.00	Durable medical equipment, miscellaneous. (Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000756 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1399	NU	\$1,286.40	Durable medical equipment, miscellaneous. (Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000757 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,800.00	Durable medical equipment, miscellaneous. (Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000758 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Noninvasive Bone Growth/Nerve Stimulators

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0720		#	TENS, two lead, localized stimulation.
E0730	NU RR	\$370.56 \$37.05	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation. Includes 4 lead wires, 4 electrodes, battery charger and gel. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0731		#	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0740	NU RR	\$522.87 \$52.28	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0744		#	Neuromuscular stimulator for scoliosis
E0745		#	Neuromuscular stimulator, electronic shock unit.
E0746		#	Electromyography (EMG) biofeedback device.
E0747		\$3,601.28	Osteogenesis stimulator, electrical noninvasive, other than spinal applications. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0748		\$3,577.94	Osteogenesis stimulator, electrical noninvasive, spinal applications. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0749		#	Osteogenesis stimulator, electrical, surgically implanted.
E0752		#	Implantable neurostimulator electrode, each.
E0754		#	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator.
E0755		#	Electronic salivary reflex stimulator (intraoral/noninvasive)
E0756		#	Implantable neurostimulator pulse generator
E0757		#	Implantable neurostimulator radiofrequency receiver
E0758		#	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver.
E0759		#	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0760		\$2,973.20	Osteogenesis stimulator, low intensity ultrasound, noninvasive. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0761		#	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device.
E0765		#	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.
K0600		#	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.

Communication Devices

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1902		#	Communication board, non-electronic augmentative or alternative communication device.
E2500		\$391.06	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time. Purchase only. code K0541.
E2502		\$1,195.80	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time. Purchase only. Requires prior authorization.
E2504		\$1,577.42	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time. Purchase only. Requires prior authorization.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E2506		\$2,312.96	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time. Purchase only. Requires prior authorization.
E2508		\$3,576.61	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device. Purchase only. Requires prior authorization.
E2510		\$6,768.25	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access. Purchase only. Requires prior authorization.
E2511		#	Speech generating software program, for personal computer or personal digital assistant.
E2512		\$416.93	Accessory for speech generating device, mounting system. Purchase only. Requires prior authorization.
E2599		BR	Accessory for speech generating device, not otherwise classified. Purchase only. Requires prior authorization.
L8500		\$626.11	Artificial larynx, any type. Purchase only.




Ambulatory Aids

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
A4635		\$5.12	Underarm pad, crutch, replacement, each. Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
A4636		\$4.21	Replacement handgrip, cane, crutch, or walker, each. Included in nursing facility daily rate. Purchase only.
A4637		\$1.81	Replacement tip, cane, crutch, or walker, each. Included in nursing facility daily rate. Purchase only.
E0100		\$21.07	Cane; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.
E0105		\$49.11	Cane, quad or three-prong; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.
E0110		\$77.59	Crutches, forearm; includes crutches of various materials, adjustable or fixed; complete with tips and handgrips. Included in nursing facility daily rate. Purchase only.
E0111		\$53.26	Crutches, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip. Included in nursing facility daily rate. Purchase only.
E0112		\$37.00	Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips. Included in nursing facility daily rate. Purchase only.
E0113		\$21.13	Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.
E0114		\$44.51	Crutches, underarm; other than wood; adjustable or fixed; per pair, with pads, tips and handgrips. Included in nursing facility daily rate. Purchase only.
E0116		\$23.82	Crutch, underarm; other than wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0117		\$192.71	Crutch, underarm, articulating, spring assisted, each. Requires prior authorization. Purchase only.
E0118		#	Crutch substitute, lower leg platform, with or without wheels, each.
 E8000			Gait trainer, pediatric size, posterior support, includes all accessories and components. Require prior authorization. Included in nursing facility daily rate. Purchase only. Effective for dates of service on and after January 1, 2005.
 E8001			Gait trainer, pediatric size, upright support, includes all accessories and components. Require prior authorization. Included in nursing facility daily rate. Purchase only. Effective for dates of service on and after January 1, 2005.
 E8002			Gait trainer, pediatric size, anterior support, includes all accessories and and components. Require prior authorization. Included in nursing facility daily rate. Purchase only. Effective for dates of service on and after January 1, 2005.
E0130		\$70.23	Walker, rigid (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0135		\$83.84	Walker; folding (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0140		\$360.71	Walker, with trunk support, adjustable or fixed height, any type. Included in nursing facility daily rate. Purchase only.
E0141		\$115.29	Walker, rigid, wheeled, adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0143		\$120.23	Walker, folding, wheeled, adjustable or fixed height. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0144		\$318.45	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat. Included in nursing facility daily rate. Purchase only.
E0147		\$574.81	Walker, heavy duty, multiple braking system, variable wheel resistance. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0148		\$127.05	Walker, heavy duty, without wheels, rigid or folding, any type. (over 250lbs) Included in nursing facility daily rate. Purchase only.
E0149		\$223.20	Walker, heavy duty, wheeled, rigid or folding, any type. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0153		\$68.68	Platform attachment, forearm crutch, each. Included in nursing facility daily rate. Purchase only.
E0154		\$70.51	Platform attachment, walker, each. Included in nursing facility daily rate. Purchase only.
E0155		\$26.83	Wheel attachment, rigid pick-up walker, per pair seat attachment, walker. Included in nursing facility daily rate. Purchase only.
E0156		\$186.97	Seat attachment, walker. Included in nursing facility daily rate. Purchase only.
E0157		\$77.27	Crutch attachment, walker, each. Included in nursing facility daily rate. Purchase only.
E0158		\$32.18	Leg extensions for walker, per set of four (4). Included in nursing facility daily rate. Purchase only.
E0159		\$17.87	Brake attachment for wheeled walker, replacement, each. Included in nursing facility daily rate. Purchase only.

Bathroom Equipment

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0160		#	Sitz type bath or equipment, portable, used with or without commode.
E0161		#	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s).
E0162		#	Sitz bath chair.
E0163	NU RR	\$110.29 \$11.02	Commode chair, stationary, with fixed arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0164	NU RR	\$181.40 \$18.14	Commode chair, mobile, with fixed arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0165	NU RR	\$185.80 \$18.58	Commode chair, stationary, with detachable arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0166	NU RR	\$282.80 \$28.28	Commode chair, mobile, with detachable arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0167		\$12.00	Pail or pan, for use with commode chair. Included in purchase price of commode. Included in nursing facility daily rate. Purchase only.
E0168	NU RR	\$150.92 \$15.09	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each. Rental requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0169		#	Commode chair with seat lift mechanism.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0175		BR	Foot rest, for use with commode chair, each. Requires prior authorization. Included in nursing facility per-diem. Purchase only.
E0240		#	Bath/shower chair, with or without wheels, any size.
E0241		\$48.03	Bathtub wall rail, each. Included in nursing facility daily rate. Purchase only.
E0242		\$32.60	Bathtub rail, floor base. Included in nursing facility daily rate. Purchase only.
E0243		\$43.78	Toilet rail, each. Included in nursing facility daily rate. Purchase only.
E0244		\$105.68	Raised toilet seat. Included in nursing facility daily rate. Purchase only.
E0245		\$64.00	Tub stool or bench. Included in nursing facility daily rate. Purchase only.
E0246	NU	\$30.23	Transfer tub rail attachment, each. Included in nursing facility daily rate. Purchase only.
E0247		\$174.35	Transfer bench for tub or toilet with or without commode opening. Included in nursing facility daily rate. Purchase only.
E0248		\$247.81	Transfer bench, heavy duty, for tub or toilet with or without commode opening. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0275		\$15.31	Bed pan, standard, metal or plastic. Purchase only.
E0276		\$11.31	Bed pan, fracture, metal or plastic. Purchase only.
E0325		\$10.11	Urinal; male, jug-type, any material. Purchase only. Included in nursing facility daily rate.
E0326		\$10.50	Urinal; female, jug-type, any material. Purchase only. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0350		BR	Control unit for electronic bowel irrigation/evacuation system. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0352		BR	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0700		\$36.00	Safety equipment (e.g., belt, harness or vest). Included in the nursing facility daily rate. Purchase only.
E1399	NU	\$32.10	Durable medical equipment, miscellaneous. (Bath seat without back). Included in nursing facility daily rate. Purchase only. EPA #870000766 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$33.11	Durable medical equipment, miscellaneous. (Shower, hand-held). Included in nursing facility daily rate. Purchase only. EPA #870000759 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU RR	\$637.21 \$63.72	Durable medical equipment, miscellaneous. (Padded or unpadded shower/commode chair, wheeled, with casters). Deemed purchased after 1 year's rental. Rental requires prior authorization. Included in nursing facility daily rate. EPA #870000771 must be used when billing this item for purchase. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$59.12	Durable medical equipment, miscellaneous. (Adjustable bath/seat shower chair with back). Included in nursing facility daily rate. Purchase only. EPA #870000772 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1399	NU	\$351.20	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back, padded seat). Included in nursing facility daily rate. Purchase only. EPA #870000773 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$318.40	Durable medical equipment, miscellaneous. (Pediatric bath chair; includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. EPA #870000774 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$696.00	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. EPA #870000776 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,172.00	Durable medical equipment, miscellaneous. (Adult bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. EPA #870000777 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,000.00	Durable medical equipment, miscellaneous. (Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back). Purchase only. Included in nursing facility daily rate. EPA #870000778 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,253.75	Durable medical equipment, miscellaneous. (Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back). Purchase only. Included in nursing facility daily rate. EPA #870000779 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E1399	NU	\$168.99	Durable medical equipment, miscellaneous. (Heavy duty bath chair (for clients over 250 lbs.)). Included in nursing facility daily rate. Purchase only. EPA #870000767 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Blood Monitoring

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
A4660		\$31.45	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope. Purchase only.
A4663		\$26.11	Blood pressure cuff only. Purchase only.
A4670		\$91.56	Automatic blood pressure monitor. Purchase only.
E0607		\$66.82	Home blood glucose monitor. Purchase only. Limit of 1 per client, per 3 years.
E2100		\$581.60	Blood glucose monitor with integrated voice synthesizer. Requires prior authorization. Purchase only. Limit of 1 per client, per 3 years.
E2101		#	Blood glucose monitor with integrated lancing/blood sample.

Support Devices/Orthotics

See the Prosthetics and Orthotics Billing Instructions for Support Devices/Orthotics Codes

Miscellaneous Durable Medical Equipment

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0202	RR	\$6.19/day	Phototherapy (bilirubin) light with photometer. Rental only. Includes all supplies. Limit of five days of rental per client per 12-month period.
E0602		\$30.39	Breast pump, manual, any type. Purchase only.
E0603	RR	\$2.79/per day	Breast pump, electric, AC and/or DC, any type. Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0604	RR	\$2.79/per day	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric, AC and/or DC. Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0650	NU RR	\$720.22 \$72.02	Pneumatic compressor, nonsegmental home model. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0651		#	Pneumatic compressor, segmental home model without calibrated gradient pressure.
E0652		#	Pneumatic compressor, segmental home model with calibrated gradient pressure.
E0655		\$107.92	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half arm. Purchase only.
E0660		\$159.75	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full leg. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0665		\$126.87	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full arm. Purchase only.
E0666		\$138.08	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half leg. Purchase only.
E0667		#	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668		#	Segmental pneumatic appliance for use with pneumatic compressor, full arm
E0669		#	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671		#	Segmental gradient pressure pneumatic appliance, full leg.
E0672		#	Segmental gradient pressure pneumatic appliance, full arm.
E0673		#	Segmental gradient pressure pneumatic appliance, half leg.
E0675		#	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system).
E0691		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less
E0692		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.
E0693		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0694		#	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.
E0701		\$153.35	Helmet with face guard and soft interface material, prefabricated. Limit of two per client per year. Included in nursing facility daily rate. Purchase only.
E0710		#	Restraint, any type (body, chest, wrist or ankle)
E0935	RR	\$14.49/day	Passive motion exercise device, complete. Rental allowed for maximum of 10 days. Includes continuous passive motion softgoods kit. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E1300		#	Whirlpool, portable (overtub type)
E1310		#	Whirlpool, nonportable (built-in type)
E1399	NU	\$35.45	Durable medical equipment, miscellaneous. (Breast pump kit, electric). Purchase only. EPA #870000764 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E2000	RR	\$51.83	Gastric suction pump, home model, portable or stationary, electric. Rental only. Requires prior authorization.
K0606		#	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type.
K0607		#	Replacement battery for automated external defibrillator, garment type only, each.
K0608		#	Replacement garment for use with automated external defibrillator, each.
K0609		#	Replacement electrodes for use with automated external defibrillator, garment type only, each.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
T5001	NU RR	\$640.74 \$64.07	Positioning seat for persons with special orthopedic needs, for use in vehicles. (5 years and older). Rental and under 5 years of age require prior authorization. Included in nursing facility daily rate.

Other Charges for DME Services

HCPSC Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0200		#	Heat/Cold Application. Heat lamp, without stand (table model), includes bulb, or infrared element.
E0203		#	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205		#	Heat lamp, with stand, includes bulb, or infrared element
E0210		#	Electric heat pad, standard.
E0215		#	Electric heat pad, moist.
E0217		#	Water circulating heat pad with pump.
E0218		#	Water circulating cold pad with pump.
E0220		#	Hot water bottle
E0221		#	Infrared heating pad system.
E0225		#	Hydrocollator unit, includes pads.
E0230		#	Ice cap or collar

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2004 Maximum Allowable	Description
E0231		#	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover.
E0232		#	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover.
E0235		#	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0236		#	Pump for water circulating pad.
E0238		#	Nonelectric heat pad, moist.
E0239		#	Hydrocollator unit, portable.
E0249		#	Pad for water circulating heat unit.
E1340		\$17.43	Labor, other DME repairs (other than wheelchairs), per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items). Requires prior authorization. For client-owned equipment only.
E1399	NU RR	BR BR	Durable medical equipment, miscellaneous. (Other nonlisted durable medical equipment not otherwise listed). Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. Requires prior authorization.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

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